

Exhibit 4

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FILED IN DISTRICT COURT
OKLAHOMA COUNTY

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FEB - 3 2023

OKKIM LOCKWOOD AND
(405) KATHLEEN LOCKWOOD,
Fax (405) Plaintiffs,
OCSS Case No.
STATE FARM FIRE AND
CASUALTY COMPANY,
Defendant.

RICK WARREN
COURT CLERK

108

GJ-2022-4242
Case No.

SUMMONS

To the above-named Defendant:

STATE FARM FIRE AND CASUALTY COMPANY
c/o Glen Mulready (Oklahoma Insurance Commissioner)
Oklahoma Insurance Department
Attn: Legal Division
400 NE 50th Street,
Oklahoma City, OK 73105

You have been sued by the above-named Plaintiffs, and you are directed to file a written Answer to the attached Petition in the Court at the above address within twenty (20) days after service of this Summons upon you, exclusive of the day of service. Within the same time, a copy of your Answer must be delivered or mailed to the attorney for the Plaintiff.

Unless you answer the Petition within the time stated, judgment will be rendered against you with costs of the action.

ISSUED this 30 day of Aug, 2022.

RICK WARREN, Court Clerk
COURT CLERK,

Deputy Court Clerk

(Seal)

Attorneys for Plaintiff:

Name: Terry M. McKeever
Answer: Foshee & Yaffe Law Firm
Address: P.O. Box 890420
Telephone: Oklahoma City, OK 73189
(405) 632-6668

This Summons was served/mailed on January 17, 2023.

EXHIBIT

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YOU MAY SEEK THE ADVICE OF AN ATTORNEY ON ANY MATTER CONNECTED WITH THIS SUIT OR YOUR ANSWER. SUCH ATTORNEY SHOULD BE CONSULTED IMMEDIATELY SO THAT AN ANSWER MAY BE FILED WITHIN THE TIME LIMIT STATED IN THE SUMMONS.

COMMISSION
CONSULTANT
TRUSTEE

ATTORNEY
CHARTER
AWARD

CCC
CCC
CCC

AND
THE
AS

RETURN OF SERVICE BY SHERIFF (PERSONAL SERVICE)

I certify that I received the foregoing Summons on the _____ day of _____, 20____, and that I delivered a copy of said Summons with a copy of the Petition to each of the following named Defendant(s) personally in _____ County at the address and on the date set forth opposite each name, to-wit:

NAME OF DEFENDANT**ADDRESS****DATE OF SERVICE****USUAL PLACE OF RESIDENCE**

I certify that I received the foregoing Summons on this _____ day of _____, 20____. I served _____ by leaving a copy of said Summons with a copy of the Petition attached at _____ which is his/her usual place of residence with _____, a member of his/her family fifteen (15) years of age or older.

CORPORATION RETURN

Received this Summons this _____ day of _____, 20____, and as commanded therein, I Summoned the _____ within _____ named _____ Defendant, as follows, to-wit: _____, a corporation, on the _____ day of _____, 20____, by delivering a true and correct copy of the Petition to _____, being the _____ of said Corporation, and the _____, President, Vice-President, Secretary, Treasurer or other chief officer not being found in said County.

NOT FOUND

Received this Summons this _____ day of _____, 20____, I certify that the following persons of the Defendant _____ within _____ named _____ not found in County: _____.

Served _____

FEES

Fee for service \$ _____. Mileage _____. Total _____. Dated this _____ day of _____, 20____.

_____, Sheriff

By: _____, Deputy

CERTIFICATE OF SERVICE BY MAIL

I certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named Defendant(s) at the addresses shown by certified mail, addressee only, return receipt requested on this 26th day of January, 2023, and receipt thereof on the date shown.

Defendant

ADDRESS WHERE SERVED

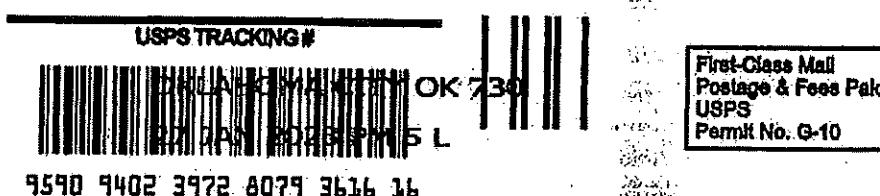
DATE RECEIVED

State Farm +400 NE 50th St.1-27-2023Casualty Co.OKC, OK 73105

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the envelope, or on the front if space permits. 		<input checked="" type="checkbox"/> Signature <input type="checkbox"/> D.A.T. <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Plum Kelly</i> <input type="checkbox"/> Addressee <input type="checkbox"/> Received By (Printed Name) <input type="checkbox"/> Date of Delivery RECEIVED <input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> No JAN 27 2023	
<p>1. Article Addressed to:</p> <p>State Farm Fire and Casualty Company Oklahoma Insurance Department Attn: Legal Division 400 NE 50th Street Oklahoma City, OK 73105</p>		<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3972 8079 3616 16</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <i>low 3600</i></p>		<p><input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2016 RSN 7590-02-000-9053

Domestic Return Receipt

United States
Postal Service

Feb 01 2023

* Sender: Please print your name, address, and ZIP+4® in this box*

Foshee & Yaffe Law Firm
Attn: rdk Yaffe Lockwood SP 012623
PO Box 890420
Oklahoma City, OK 73189